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# CALIFORNIA MEDICAL JOURNAL

A Monthly devoted to the advancement of  
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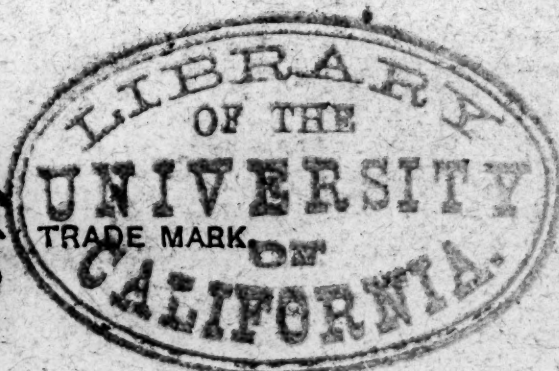
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Vol. XIV

JUNE, 1893.

No. 6.

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# THE ❖ CALIFORNIA ❖ MEDICAL ❖ JOURNAL. ❖

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## Why Magnesia Phos. Failed.

By JOHN FEARN, M. D. Oakland, California,

How many new remedies have been introduced to the physician during the last twenty years? So many in fact, and with such strong recommendations, that among the less conservative of the profession the good old remedies of the fathers, remedies that have been tested and tried in many a contest with disease, have, through these new accessions, had to take a back place. A large percentage of the new have failed to fulfill the expectations of those who have tried them.

The remedy named in this article is not one to dissappoint if used with exact discrimination. It has certainly come to stay. The writer of this has learned from clinical experience (the best of all teachers) that when we have the peculiar symptoms and pain—which Schussler long ago associated with



this remedy—if we give Mag. Phos., it is one of the most certain in the whole *Materia Medica*. It does not matter if the pain be the pain of neuralgia, colic or spasms, whether it be of the head, stomach, bowels, limbs, or wherever it may be, if it is not caused by inflammation, and is of the character before spoken of, this remedy is one of the certainties—as certain in its special field as quinine is in malaria; because quinine frequently fails there: as certain as opium in producing sleep, because there are conditions when opium will drive a patient crazy but will not produce refreshing sleep. This is strong language, but experience warrants it. But be careful about your diagnosis, see that you have conditions calling for this drug.

To illustrate let me quote from recent experience. During this past winter I have had several cases of ovarian neuralgia, in each case mag. phos. was clearly indicated, it was given and the results were everything that could be desired. The last case was quite severe, relief was prompt, but in a short time there was a return of the pain, the remedy was renewed, but on my next visit I found that since I had seen the patient before, the ovarian region had been pretty free from pain but the pain had been extending upward to the right hypochondriac region. Believing that my remedy was still right, without making a searching physical examination, I still left the remedy promising to call again. On my next visit I found the pain steadily growing more severe: pain running from the right hypochondriac region to the shoulder on same side. There was also nausea and great discomfort, head hot and painful, face red. I at once saw that mag. phos. was not the remedy to bring relief. A word that the patient dropped at



this visit led to the information that she had once suffered with gall-stones. Close examination revealed the fact that it was the pressure of calculi from the gall-bladder at this time with which we had to contend. Remedies were given to aid their expulsion and in a short time, after very severe pain, the patient said something had suddenly given way in her side; this giving way being in the region of the "ductus communis choledochus" the relief from pain was almost immediate, and just as quick as the relief the patient vomited the largest amount of clear bile I ever knew a patient to vomit at one time in all my experience. After this the patient steadily progressed on to convalescence.

Sometimes after repeated success with a certain remedy, we are not quite so discriminating with it as we ought to be; we are not so persevering in searching out the cause, consequently our diagnosis of cause is likely to be erroneous. How I blamed myself in this case, that I expected results from this remedy which I had no right to expect and how glad I was when I found out my error. If I had not discovered I was wrong in this case, I should have blamed this remedy for not succeeding where I had no right to expect it to succeed. The patient did not suffer nearly so long as in her previous attacks, and in the matter of treatment she seemed to have abundant cause for satisfaction.

But her satisfaction did not remove from my mind the thought that in the latter phases of treatment of this case I had expected results from the exhibition of mag. phos. which I had no right to; and the failure of this remedy to relieve was not to be attributed to the remedy, but to my error in diagnosis.

And this was why mag. phos. failed.



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### Equal to the Emergency.

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By Professor A. E. SCOTT, M. D.

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We feel proud of our students, and justly too, and we claim that they are better qualified to practice medicine upon receiving their degrees, than are the Allopathic graduates after five years experience in actual practice. Their comparative work verifies this statement, and apropos to the subject we cite the following experience of one of our Juniors who is, however, somewhat precocious. We will call him H——. because that is his name.

During vacation he was attending office for his father who is a practitioner with quite an extensive business. H——, was sleeping peacefully in the office dreaming of the wonders he would perform in the healing art when he became a man (he being by the way, quite young and youthful in appearance,) and a full fledged medico, when there came a violent ring at the night bell, one of those rings that have so much meaning in them—that seem to say get out of there as soon as the Lord will let you. H——, was startled; he well knew that ring meant business, immediate business, and probably of a serious nature, but O! how little did he know how serious it would prove to be. Hastening to open the door a very gruff and determined voice (you know the kind, belonging to one of those immediate people that would have a doc- if he had to make one) said: "I want the doctor to come down to the house at once, my wife is sick." "But, said H——, my father is out of town and I do not know when he will return probably not before morning." "But I *must* have a doctor right away." "Father is not here and I do not know where to send for him, besides, we could not get him here much



before morning" returned H——. "But, replied the caller, this is a confinement case and is urgent, I do not see but you will have to come down and do the best you can yourself" "But, said H——, you know I have only attended one course at College and have had no experience of that kind, had you not better go and get Dr.——, an Allopathic practitioner a few blocks away?" "No, said the caller, I would prefer you and the midwife, so come along, you'll get along all right, I'll risk you." So H——, with that kind of an apprehensive, pulsatilla feeling, grabbed up a few things,—he hardly knew what—to take along in case of trouble, and meekly followed the expectant father.

On arrival he was shown immediately into the lying-in chamber and the august presence of the mid-wife who at once took his measure, or thought she did, and proceeded to set on him. Every suggestion that was made by H——, as to what the patient should do was scoffed at by the important m. w. and when H——, stepped out to see about warm water etc. she was unkind enough to say to the laboring mother that she did hope she would not get the doctor and the child mixed up. In fact she became so unbearable, and her presence so obnoxious that H—— asserted his dignity, and said one of them would have to conduct the case alone. Either the m. w. would have to get out of the room and mind her own business, or he would go home. Thereupon the man of the house ordered her into the other room until she was wanted, and then to do as she was told; which she did under protest, vowing that they would be sorry before they were through with it. So H——, so far master of the field, proceeded to make an examination and found a breech presentation and one foot, which caused more pulsatilla indica-



tions to poor H——. Nothing daunted he thought of the thorough teaching of our Professor Maclean that he had listened to with so much interest, and would now put into practice. So he went to feeling around for more feet, which he found and brought down and a fine boy into the world which he sent out to the m. w., who was waiting for trouble, with instructions to wash and dress. He then rested on his labors congratulating himself on his success until the hard pains of the woman called him to his duties of removing the placenta, which he did, but thinking that there was still quite a prominence he made another examination and discovered another breech presenting, and, thinking he needed clinical experience, but not expecting to get it all on one case, he proceeded to turn to vertex presentation and deliver; which he did and sent out to the m. w. to keep her mind occupied. This was also a boy. After waiting a little while he removed the after-birth, but still things did not look right and the pains instead of lessening became harder. So, to make sure that all was right, he made another examination and was almost paralyzed to find a head this time presenting. He was now beyond the reach of pulsatilla and began to wonder if it was not a nightmare, or if it were not raining babies, or if it would not have been better had he remained at home, or if the m. w. was playing him some kind of a trick.

The father too, was now beginning to treat him very coldly as if he did not think it quite right to be used in this way after trusting him with the case. And the m. w. Wasn't she using her weapon now—her tongue? "I told you so, what could you expect by letting a boy like that attend to a case of confinement? I just knew he would over do it. A nice mess he has got us into." with a kind of helpless glance at



the "tit tat toe, three in a row." of boy babies.

And what of H——? Well, he delivered the third placenta and went home with all the clinical experience he wanted in one night; but he has ruined his prospects in that country. There is not a pregnant woman there that will allow him in the house, not even with his father, they say, "No! I don't want no litters, times are too hard."

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### Physicians Arrested.

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The long expected move on the part of the board of medical examiners against those physicians who refuse to comply with the law and obtain licenses was inaugurated yesterday when Dr. R. A. Hasbrouck and Dr. H. W. Unger were arrested on complaint made by Dr. Shinnick, the secretary of the board, charging them with practicing medicine contrary to the provisions of the law. The physicians were taken before Commissioner Pratt, who decided to hold the examinations some day next week and releasing the prisoners upon their own recognizance.—*Salt Lake Herald, May 7th.*

Thus we have the commencement of persecution in this territory. For years old Physic tried to get a law that would legislate the care of all other schools into their hands, but they failed until our last legislature granted them their prayers. So solicitous were they that others should have rights and privileges that they succeeded in having the "Act" legislate our welfare into their hands, and therefore the medical war.

By this act all new comers must be examined by an allopathic board and pay \$25. All guilty are guilty of a misdemeanor, which means a fine of \$30 or imprisonment for six months, or both. Considering the malignancy with which the board is pushing matters we are liable to get both fine



and imprisonment, providing the members can make the court see as they do. So fond are allopaths for drawing blood and so zealous are they for our welfare, that I believe if we were living in the sixteenth century the board would draw our blood to cure our heresy.

This "Act" rules out all men not graduates who have not been in practice ten years. Those in practice ten years or more must pass an examination, and it is generally understood that it would rule out many graduates to pass it.

Under the "Act," a midwife who had only practiced a week before the passage of the "Act" can receive a certificate to practice, by paying one dollar.


The board can revoke licences at will, or refuse to grant certificates if it wishes. It can administer oaths and take testimony or, in other words, have powers not delegated to our courts.

Against such a law the Elcectic Medical Society of the territory has taken a stand, and its members refuse to comply with the "Act" believing it to be a dangerous thing in the hands of a lot of quacks.

The board is made up of four Allopaths two Homœopaths, one Eclectic, or a party claiming to be an Electic, though he is not a member of our society and is not known by any of us.

To show just how low the quacks can grovel, they had an officer come to my office and place me under arrest as though a common criminal, when they knew from my attorney that any member of the society would be ready to appear in a test case. They knew full well that if the commissioners would notify me that I would have to appear before them.

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### Surgical Notes.

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By M. E. VAN METER, Prof. Orthopedic and Clinical Surgery in the California Medical College.

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An easy method of retaining a catheter or bougie in the male urethra, is: To make a "finger-stall," as it were, for the penis. Through the closed end make an opening large enough for the passage of the instrument to be used; to the open end attach two strings or pieces of tape, which are to be carried around the root of the penis and back of scrotum and tied. When the catheter has been introduced it can be made fast to the end of the sack, and can not come out by doubling upon itself, as often happens when simply tied with a thread.

\* \* \*

In the matter of expediency, it is fortunate for a surgeon to possess the faculty of quickly overcoming obstacles. Not long since I wished to inject the bladder of a man affected with a stricture. Not being in my office, I looked through the contents of my hand satchel and found quite a small soft-rubber catheter, a large soft-rubber catheter, a two-ounce hard-rubber syringe and a glass medicine dropper. The large catheter was much too large to introduce; and the nozzle of the syringe was entirely too big for the small catheter. After puzzling my brain a few minutes I introduced the small catheter. I then took the medicine dropper and, after removing the rubber bulb, I inserted the small end into the end of the small catheter. Next I introduced the end of the large catheter into the large or open end of the dropper, which just happened to be a snug fit. Then I put the nozzle of the syringe into the other end of the large catheter, and I had a continuous tube,



one section of which was small enough to pass a close stricture and the other section large enough to receive the nozzle of a syringe.

\* \* \*

I have recently had the following case: A man aged sixty-five, with fine physique and unusually well preserved, and whose avocation is ranching, came to the city on business and was seized with retention of urine. He had organic stricture and an excessively large prostate. He went for relief to one of the advertising quack institutions and was horribly maltreated. There were three of the so-called medical staff who worked on him for hours, causing him the most agonizing pain, tearing the urethra full of pockets and causing the loss of more than a quart of blood, but got no urine though they told him they had succeeded; but when he fell into my hands three hours later, I succeeded in passing a small soft catheter and drew off about three pints of urine; hence I know they did not draw it off as stated. I fixed the catheter and let it remain till next day, when I introduced a larger one and also kept it in place for twenty-four hours, when at his solicitation but with much misgiving on my part, I removed it and let him go all day to see if he could pass his urine, which he failed to do. In the evening I again attempted to introduce the catheter but failed absolutely, not so much from the stricture as from the numerous pockets and large prostate. I worked faithfully but gently till 2 A. M., trying cocaine, and the distension of the urethra by the injection of water, and using different kinds and sizes of catheters and bougies, but all to no purpose. Early in the morning I called in Prof. Gere, who administered chloroform, and we both again made the attempt but made an utter



failure. I then tapped per rectum, though it was exceedingly difficult to get above the enlarged gland. Not knowing when I would be able to introduce a catheter and not wishing a repetition of the tapping process every few hours, I introduced a catheter through the trocar canula, and after removing the canula I fastened the catheter to a T bandage for a permanent drainage. This proved all that could be desired and on the third day I succeeded in passing a prostatic catheter. This was in turn fixed for continuous drainage. I then washed out of the bladder a large amount of mucus, by injecting warm water alternately, through the urethral, and rectal catheters, injecting through one and letting it pass out through the other. I then removed the catheter from the rectum and all went well for two days, when there was again such an accumulation of vesical mucus that the drainage ceased. I tried to open it up by injecting back through the catheter. This I could easily do but the water refused to return. I then removed the catheter and undertook to replace it with another, as the one used was badly corroded. This time I worked faithfully for about two hours, and had about despaired of succeeding, when it occurred to me to introduce my finger into the rectum and try to guide the instrument into the bladder. This I tried, and within five minutes both the patient and myself were made happy by a gush of water. I shall keep a catheter in the bladder and change so often as becomes absolutely necessary, till such time as I can get the parts in such condition that I can more readily pass an instrument; as the time it takes and the pain it causes to do so now utterly precludes the possibility of doing so twice a day. I have written this as a clinical history, and leave it for my readers to glean from it any new ideas that have not heretofore occurred to them.



### Bristles in the Alimentary Canal.

By A. S. TUCHLER, M.D.

A young, robust, married lady physician, of a sanguino-nervous temperament, manifested during a period of five days, varying symptoms of metritis, enteritis and impending miscarriage. Irritation in the rectum was at times unbearable. She is troubled, by the way, with flexions of the uterus and endometritis, for which she is under treatment by an eminent specialist.

The trouble commenced with suppression, at the menstrual period, following which, severe shifting pains with cramps in the pelvic and abdominal regions set in. These so increased both in violence and frequency, that collapse at one time was pending, but 1-30 grain of strychnine and 1-100 grain of nitro-glycerine, administered hypodermically, soon established a renewal of the vital forces. The temperature during this period varied from 101 to 105½ degrees, rising and falling several times a day in the short space of about three hours. There was also obstinate constipation and inability to void urine, which had to be drawn off with a catheter. All known expedients for relieving the sufferings of the patient were resorted to by the several physicians in attendance with but partial success; even the continued use of opiates failed to stop the agonizing pains. Nausea and vomiting were constant symptoms; not the slightest particle of anything could be retained, save an infusion of capsicum in hot milk, with the assistance of a mustard plaster over the epigastrium.

When the sufferer was about to give up the ghost apparently, she felt a piercing pain in the rectum and the



passage of some sharp substance, which on investigation proved to be a bristle, black and stiff, one inch in length. One-half hour later, a similar intruder, but only 3-8 of an inch long, was captured in its passage through the anus. Shortly thereafter, the excretory organs resumed their functions and the condition of the patient gradually changed to the normal standard, though greatly exhausted.

She remembered having eaten some sausage about two months previously, at which time she discovered while masticating it, a bristle of the same character which was the cause of the present trouble.

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### "The Waldeck."

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Last Saturday evening "The Waldeck" was thrown open for inspection. It is a hospital conducted on modern principles, and physicians looking for a place to which they can send patients will find that this fills a long felt want. It has been put in first-class order, and is now under the direction of a competent matron and staff of trained nurses. The superintendent is Dr. C. E. Cooper, of the Crocker Building, who brings an experience acquired in another private hospital and the result of European study to his work. Those who have inspected the hospital are very much pleased to note the cleanliness and order which prevails. Visiting physicians are always welcome to inspect the establishment, and the surgical and medical rooms are kept ready for occupancy at the shortest notice. This is the institution formerly known as "The Hygia," which was conducted by Dr. Vanderbeck, who has now gone to Europe.



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### "Regular" Diagnosis,

By an Observer in the Ranks of the Laity.

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As an illustration of the exactness with which our Allopathic friends (?) diagnose a case, the following fact may be taken. When it is remembered that an accurate diagnosis is considered more important by them than anything else, curing the patient included, their favorite term of "empiricism," as applied to every school but theirs, will be seen to have peculiar force.

A young child was taken sick in this city some six weeks ago and, growing rapidly worse, a "regular" physician was called. He pronounced the case indigestion, and proceeded to administer simple remedies. Failing to afford relief he concluded it must be pneumonia and changed his treatment. This failing, he treated for typhoid, without avail. In alarm, another doctor was called, who pronounced it cerebro-spinal meningitis, and a dangerous case. More drugs of a different character were given. Another "regular" being called claimed it to be phrenitis, but could not relieve it. The next doctor refused to treat the case at all.

Growing rapidly worse another was called who was equally at a loss to name the disease. Number two was then called back, and under his treatment the child rapidly sunk. In despair, the parents called in an Eclectic who, on examination, pronounced it a case of "too much drugging," as calomel was passing unaltered and quinine capsules undissolved. Under mild treatment the child rallied and rapidly convalesced.



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### Free Scholarships.

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Offered by the Eclectic Medical Institute of Cincinnati.

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A competitive examination of candidates to fill two free scholarships will be held annually hereafter. (In 1893, Saturday, September 2, at 9 A. M.) Each candidate will be required—

FIRST. To furnish satisfactory evidence that he is without means to defray the expenses of a medical education.

SECOND. To furnish a certificate from an Eclectic physician that he is of good moral character, and has studied medicine for at least one year, and that he is worthy of financial assistance.


THIRD. To write a brief composition of about 300 words in length, which will serve as a test of his qualifications in orthography and grammar.

FOURTH. To pass a written examination in elementary physics, natural history, comparative anatomy and physiology, human osteology, elementary physiology, chemistry, and principles of medicine.

FIFTH. To deposit \$5.00 with the Dean, which will be returned in case of success, or on failure to be placed to the credit of the candidate on fees, provided he can arrange to take the course.

Candidates who propose to present themselves should send their names and deposits, accompanied by the credentials named, before August 15, 1893, and appear without further notice.

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 Please mention this JOURNAL when writing to our Advertisers.



### Recent Surgical Dressings.

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During the past two years many local applications have been fully tested by American surgeons but, apart from aristol and some of its combinations, only one of them, europhen, has been unreservedly received as a true topical remedy or a complete substitute for iodoform. Europhen has been pronounced an admirable dressing by all who have employed it. In burns of all degrees and whatever extent, it gives results that can be obtained by no other application. Ulcerations of all kinds are promptly healed by europhen, and it is largely employed under europhen dressings, and there are few traumatisms in minor, major or general surgery in which europhen cannot be employed to advantage. Europhen has the inestimable quality of adhering closely to wounds, over which the dusted powder readily forms an impervious coating. Hence it is the most convenient dressing for the use of the general practitioner, for it lightens his labor as well as promptly comforts and soon cures his patient. In leg ulcers europhen is said to be the best application known to medicine. It may be combined with aristol (equal parts) where hyperesthesia is present. No toxic symptoms have yet been reported as following the use of europhen. It is a more economical dressing than iodoform as it will cover five times more wound surface than the latter.

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### College Notes.

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The California Medical College is enjoying a veritable boom this year. More new students have entered the school for the regular term than have matriculated in any two



years before. There is a perfect army of Freshmen, and we extend to them, one and all, a hearty welcome. May they prove themselves worthy of the high calling they have chosen.

Apropos, if any more students enter, we will have to tear down our College and build larger. Seats have been crowded into our large lecture room till we can scarcely move between them. Every one is occupied. In fact, the students have invaded the sacred precincts where the Professors hold forth.

When will the Senior Class be together? One or more members have been away at every lecture thus far. Sickness, not lack of interest has been the cause. Dr. Fearn contracted a severe cold the first week, and this kept him away two weeks. Dr. Foreman took a trip to San Jose on his bicycle; the exercise was good but the dose too large. Dr. Taylor has been ill for the past few days. Dr. Field has had some slight trouble—rhus tox, perhaps, or heart disease, nothing serious, however; echinacea for the first, and as for the second—well, remove the cause and treat on general principles.

Boxing is the "fad."

Now we will have a regular clinic. All the students are rejoicing at the prospect of seeing more actual work. Theory is good, but we want the practice with it. Prof. Cornwall is having a galvano-cautery battery put in, and will soon be all ready for his important specialty. We appreciate the interest our professors are taking in this matter. The Dean is to have two hours each week for diseases of women, while Prof. Van Meter will conduct the surgical, and Prof. Miller the medical clinic.



The long-looked for Physiology is out at last, at least a part of it is. Prof. Schmitz is working night and day to complete the work. The first part has been bound in pamphlet form for the use of the students, and the entire book will soon be ready.


Dental Surgery and Medical Jurisprudence are not to be overlooked this year. Prof. Cook tells just what every physician should know, and Prof. Hassett is laying down the law in the case. He is an eminent jurist and his instruction is timely.

Eleven ladies in the school and—well, they are not at the foot of their classes.

In College he is jolly and gay,  
And dressed in a modest habit;  
Brimming over with pranks and play,  
His assertions as sly as a rabbit—  
The medical student.

Out of College he is as wise as an owl,  
With a tailor-made suit and silk hat;  
In dignity he exceeds the pea-fowl,  
His indications and doses all pat—  
The medical student.

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 The job printing department of the JOURNAL is prepared to turn out books, pamphlets, office stationery, etc. in good shape, quick time, and at fair prices. Try us.



### Bureau of Information.

The State Medical Society has opened a "Bureau of Information" regarding locations desirable for physicians and surgeons. Any one knowing of good locations, or desiring to sell locations, or wishing competent assistants, should communicate with the secretary.

Any advertised location in this JOURNAL that has been filled, please notify the secretary, that its publication may be withdrawn.

The following locations have been sent in for publication:

MONTEREY—No Eclectic located in the place. Chance for a good office over a bank. Dr. A. E. Colerick, of Pacific Grove, going East. will recommend his patients to an industrious, sober Eclectic physician.

ELK GROVE—Dr. J. A. McKee. Drug Store and practice for sale. Reasonable terms. Reason for selling, poor health of family.

MAPLETON, KANSAS—Dr. Thomas Feemster; wishes to sell or exchange with parties living in California, good location. Terms upon application to the party.

FOLSOM CITY—Dr. C. M. Slayback will turn a very desirable practice over to the physician who will purchase house-hold goods, fine driving horse, buggy and office furniture for \$600.00. Active practice immediately.

SATICOY—Dr. J. W. Rue. Practice worth \$4,000 a year. Will sell the same and 5 room Queen Ann house, 2 large lots, barn, out-houses, etc., for \$4,000. House alone worth \$5,000. Grounds beautifully decorated, exquisite view of ocean and valley. Reasons for selling: Retiring from practice and going East. Excellent chance for an honorable and energetic man. Chance good for sixty days. Address Dr. J. W. Rue. Saticoy; or C. E. Day & Co. 121 S. Broadway. Los Angeles, Cal.

WALNUT CREEK—No Eclectic in the place. Population of town 400. Large surrounding country. One physician in the place; intemperate. Dr. J. W. Huckins of Danville, will do all he can too assist the new-comer.

COTTONWOOD, SHASTA CO.—It has been reported to this "Bureau" that there is an excellent opening for an Eclectic at the above town.



OAKDALE—Dr. L. Lee wishes a partner. He has been in place sixteen months. First twelve months made over \$3,000. For particulars apply to secretary.

KNIGHTS FERRY—Twelve miles from Oakdale. No Eclectic in place. Good opening.

SAN FRANCISCO—Two thousand dollars will buy books and instruments worth \$1,000, furniture worth \$1,500, and the good-will of a good paying practice in the city of San Francisco. Office rent free. Reason for selling, ill health. Address, "DOCTOR," California Journal Co., 1420 Folsom st., San Francisco.

Also two good locations in the country for active workers.

All letters addressed to the secretary of the "Bureau of Information of Locations" will be answered promptly.

J. C. FARMER, M. D., Sec'y.

921 Larkin St.

San Francisco.





## EDITORIAL.

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### An Easy Solution of the Code Question.

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The easiest, the quickest and the best way to overcome the existing sectarian feeling now existing in the different schools of medicine, and at the same time raise the standard of medical education would be to form an association of affiliated medical colleges. Let this association fix the standard of requirements, and recognize the diplomas of the graduates of all such affiliated colleges, and none other, regardless of the name of the school.

In this way all the different schools would be raised to an equal standard which would for ever stop the cry of short term, and easy-to-get-a-diploma college.

If this were done, then our most regular friends would never be afraid of insulting their dignity by consulting with some one who had not been in schools as many months as he had. If we could have this affiliation of colleges, all of one standard, and would recognize their graduates as professional gentlemen, with whom one and all could meet in consultation with a feeling of equality; then and not till then will we raise the standard of medical education and lend to the profession the importance and dignity which is its due. And instead of the three recognized schools being at constant war with each other as they now are, if they would unite in one common cause against any college which refuses to comply with the requirements of the affiliated association, let it be an Allopathic, Eclectic, or Homœopathic school, and



refuse to recognize its graduates, then would we get rid of the mushroom colleges with which the country is now flooded.

Surely it would be better for the people, better for the profession and more in harmony with common sense for two intelligent, thoroughly educated men of different schools, but of like requirements, to meet in consultation, than for one to refuse the counsel of the other and then turn around and counsel with some ignoramus because he was of the same school, even though he was a graduate of some cheap diploma mill.

As long as this status of affairs exists, as long as men will sacrifice every feeling of humanity, every principle of gentility, every particle of professional dignity and honor, every thought of justice and right to the gratification of sectarian jealousy, just that long will one school prove a stumbling block to the other. Just that long will the medical profession be bound down by *Codes* and be held in ridicule by all intelligent people.

While penning these thoughts another has occurred to me, and it is this: If an Allopath and a Homœopath living next door neighbors can not treat each other with the civilities due one from another, how can the patrons of the two doctors treat each other as the laws of decency, respectability and friendship would demand? As a rule, the members of two warring factions are on no better terms with each other than are the leaders of those factions. If a man, because he is an Allopath, can ignore his neighbor because he is a Homœopath, why not a lady, who is a patron of the Allopath the same cause to turn a cold shoulder to her neighbor because she patronizes the Homœopath? What



a howl would go up in society if this were the case. Yet one is not more unkind, more ungentle, more undignified, more inhuman, more unjust, more ungod-like than the other.

Let us have one standard for all the schools, then let us recognize the graduates of such standard schools as being equals. Then let us ignore all the colleges which fall short of the standard, regardless of the school, and ostracise the graduates of such schools, whether Allopathic, Eclectic or Homœopathic. Then we will have stopped all sectarian strife, elevated the standard of medical education and solved the *Code* question for we will need no *Code*. v.

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### A Bitter Pill.

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How would our readers like to swallow the "Hippocratic oath," as set forth in our issue of May, '92? We hope every one will study its intents and purposes, and how cunningly the—"And finally, that you will strictly observe and obey the ethics of the profession as laid down by the American Medical Association, and that upon the willful violation of these or any of these obligations, you hereby agree and consent to yield your diploma on demand, and have your name stricken from the Alumni of this college"—is covered up by the broad views, philanthropic and ennobling expressions which precede it. Yet this clause is the "keystone" to the whole oath; and it is by its "wolf in sheep's clothing" wording that they expect to get their mortal cinch on their blind and weak-kneed followers.

Show this oath, and explain its intrigues to every young man of whom you can hear who has an idea of adopting



medicine as a profession. *Vide ut Supra et crede.*

Up to the above quoted clause no one could find a fault with this oath, except that it be an *oath*, and forces men to swear to do that which any professional *gentleman* would do from principle: no nobler principles nor loftier sentiment could be enunciated.

But only the unwary, those who do not know the requirements of the code of ethics as laid down by the American Medical Association, can be induced to swallow this sugar-coated pill; for like the pill it has enough sweetness on the outside to make it pleasant to take; but within, it contains enough nauseating bitterness to disgust any lover of liberal, progressive medicine, or who has the true sense of right and the moral backbone to assert his independence. Any man who will pledge himself, before God, to surrender his diploma and his right to follow a chosen profession to a set of arrogant bigots, at their dictation, when they have no right to make such demands, and which are made because the holder of the diploma chooses to use his own judgment as to whom he shall counsel with and what treatment he shall mete out to his professional brothers, who do not happen to believe just as he does: we say the man who will do this is surely a *fool* or a *coward*. v.

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### Let 'Em Fight.

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Our neighboring medical colleges are indulging in a little fight of their own, an account of which can be seen in the *Pacific Medical Journal*. It seems that the Cooper College has the worst of it at present, but we would wish it otherwise; for as long as the Toland College insists on its gradu-



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ates taking the "Hippocratic" oath, we can wish it no good. Besides, we have found the "Cooper" men more liberal and progressive than those who hail from the "Toland." But while they fight, Eclectics and Homœopathics will get a rest So we say "let 'em fight," "let 'em fight." v.

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### A Misrepresentation.

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In the May number of the *Pacific Medical Journal* appears an address by President Taylor of the Medical Society of the State of California, in which he misrepresents the position taken by Homœopaths and Eclectics in reference to recent medical legislation. The doctor says: "It would seem they are afraid, not of injustice on our part, but afraid to lose their candidates examined by a competent board." Injustice was the very thing of which we were afraid, and had reason to be afraid. Never has there been mercy, justice, or courtesy shown by Allopaths whenever or wherever they had the power over the other, and more liberal members of the profession. Competent board! We wonder if the doctor was in the ring so he knew who would be appointed as members of this competent board. Were they to be all Allopaths, genuine, simon pure, dyed in the wool bigots, who could not believe any good came out of Nazareth? Why should we be afraid to lose our candidates before an honorable competent board? When the California Medical College established a three years course of nine months sessions the two Allopathic colleges on the coast were graduating students on two years course of twenty weeks session. They did not lead, they followed us. This prating about trying to "improve the practice of medicine" is in the doc-



tor's imagination. There is not a single Eclectic or Homœopathic college in the United States but requires a three years course, but there are over twenty Allopathic colleges that graduate on two years, and his board are licensing those graduates whenever they present their applications.

We are not afraid to have our students compete in an examination with any school of medicine. Nor are we afraid to place them in competition in practice with his university graduates. We have a good corps of teachers, and as intelligent students as this or any other land affords.

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### The Other Man's Ox.

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We well remember the time, which was not long in the past, when one Dr. Plummer, who was at the time secretary of the Board of Examiners, wrote us a letter, telling us that it was unprofessional to call attention in a professional card to the treatment of any special disease, and that until we removed that objectionable feature—"special attention given to the diseases of women and surgery"—from our card, we could not have a license to practice in this state. But now we see in glaring gilt letters, not on a modest professional card, but plastered on signboard and windows, "G. W. Hawkins, M.D., Physician and Surgeon, Specialist; Diseases of Women, Men, Skin, Blood and Nerves."

But why not? This G. W. Hawkins is a last year graduate of the Cooper Medical College, in which institution this same man Plummer has the honor of being a teacher, and being an *ethical gentleman* himself, it is to be supposed that those who graduated under his tutorship will also be *ethical GENTLEMEN*, especially those who located in the city under



his very nose, would not resort to the use of any cards or signs that were *unprofessional*. Besides a *regular* is *regular*, and anyone who is *regular* cannot be *irregular*; and since it is only the *irregular* who do unprofessional things, those who are *regular* do only professional things. Therefore, while it is *unprofessional* for an *irregular* to call attention to the treatment of special diseases, it is professional for a *regular* to do so. See?

v.

### Advertising Private Hospitals.

It has been brought to our notice that a certain Eclectic, who has a private sanitarium, has been using printer's ink a little too freely. While we do not indorse fully his methods of getting patronage for his institution, we wish to say this much in exoneration of the party, and it is this: Greater latitude is always allowed an institution than is allowed an individual; and while we do not believe in overdoing a thing till it has the smack of quackery, we do believe that when anyone invests his money in an institution, he should be allowed the privilege of letting the public know it in some way, or else his beds will remain empty and he will starve for want of patronage. Suppose A, B, C and D are all located in a country town and doing a general practice, and F comes along, and seeing the need of a place where chronic and surgical cases can be taken for treatment, he rents or buys a large house, fits up his rooms, buys the necessary appliances for the successful treatment of such cases, and then modestly hangs out a sign, Dr. F, Physician and Surgeon, how long would it take the public to find out that he did not do the same class of practice as his neighbor phy-



sicians? How long would it take the public to know that he was equipped with all the necessary appliances—baths, batteries, etc.—to successfully treat such cases as the general practitioner could not cope with; and that in case of accident or long-continued sickness they could have a home where they could be boarded, nursed and treated? We opine that if the good doctor did not, in some way, make known his improved methods of treatment, and that those without homes or not so situated as to be treated at home, could have all the comforts of a home and the advantages of good nursing, etc., at his sanitarium, he would soon have to do as his brother practitioners were doing: enter upon a general practice and let humanity suffer, or surrender the field to someone more independent, rather than take the chances of offending some hypercritical individual whose fault-finding was prompted by jealousy.

As we have already stated, we do not approve of the method adopted in the case in question. But we will say, if those who have taken issue in the case will look at our medical journals and even in the so-called Official Register of this State, they will find that they are filled with the ads. of private hospitals, homes and sanitariums.

This article has been called forth by an advertising circular sent to Prof. Fearn, who in turn sent it to us. What prompted the original sender we wot not. If he or they belong to the Allopathic fraternity we cease to wonder, but would advise them to look for like advertisements from members of their own school. If it comes from an Eclectic, we would say, be charitable, brother, and find no fault unless your advertising friend goes beyond decency; and when



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he does that, we should all disclaim any relationship with him and drop him as we would a hot potato. v.

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### **The Same Old Story.**

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The Allopathic fraternity wanting the earth, with a barbed wire fence around it! Using every means to control the practice of medicine by legislation in their favor.

Dr. Hasbrouck, of Salt Lake City, is the last martyr offered on the altar of intolerance. The doctor could be licensed under the Utah law, but believing in the doctrine of fair play, he chose to test the constitutionality of the law. We hope he may be successful. Not that we do not want any law, but we want only such laws as are just to all practitioners of medicine. We want no law that places the weak at the mercy of the strong, deprives minorities of all rights, and delegates the entire regulation of medicine to the dominant school.

We fought this principle in the law that was attempted to be passed in the last legislature of our State. We do not believe a physician should be examined by any state board after he has obtained his degree from a reputable college. It would be as reasonable to examine a divine who has acquired his D.D. honorably, before being permitted to preach in a different state to that which conferred his title. It detracts from the dignity of a degree if the possessor is to be examined like a primary grade school teacher every few years, or when he changes from one state to another.

It appears that the three schools are represented on the Utah Board. What of it? The Allopathic school has the



majority, and can constitute a quorum without the others. They can accept or reject applicants as they please and say in the language of Tweed, "What are you going to do about it?" "Certificates shall be signed by all the members of the board granting them." This does not mean that all the members of the board must be present when a certificate is granted, nor that all the members of the board must sign a certificate. If it means anything, it is that a certificate shall be signed by all the members present when such certificate is granted. What is the good of a Homœopath or an Eclectic on such a board? They can be quietly ignored, and all the business transacted by their Allopathic associates.

Dr. Hasbrouck, you have our sympathy. Fight to the last.





## SELECTIONS

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### THE TONGAN PRIEST.

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The family of a chronic invalid would have an exceedingly hard time in Tonga or the Friendly Islands. "If any one is ill," says Dr. J. G. Wood, in his "Uncivilized Races of Men," "his inferior relations cut off a joint of his little finger as an offering to the gods. Sometimes a whole joint is taken off at once, but those who have many superior relations remove only a portion, so that they may be able to offer the sacrifice several times." In consequence, a large number of relations, unless they are a healthy lot, is not desirable in Tonga, and the illness of a wealthy uncle is not regarded with that enthusiasm which is often displayed among more civilized people. If the sacrifice of a little finger does not effect a cure, the gentle Tongan promptly proceeds to strangle a baby, and if the baby does not prove efficient, and the invalid is a chief of importance, one or more of his wives is offered as a propitiation to the angry deities.

The method of consulting a priest is somewhat peculiar. The family of the sufferer visit the priest in his hut and sit around in a circle with a big bowl of kava, a very heady sort of native beer, in the centre. The priest and the party drink of the kava until they have all got what would be known to the unregenerate of more civilized nations as a very comfortable 'jag,' and then he becomes "inspired" and delivers the commands of the gods. As those commands



always include the gift of a hog or two, a quantity of yams and other articles, in addition to the more serious sacrifice, and as the priest is authorized to receive these things on behalf of the god he represents, it may be inferred that the practice of priestly medicine on the Tonga Islands is not without its pleasant features. A fairly popular priest can not only keep himself well provided with all the luxuries of savage life, but, if he has a reasonably large practice, he can cultivate a chronic state of inebriety which gallons of gold chloride could not overcome.

The aged and helpless are disposed of by cracking their skulls with a big war-club, thus putting an end to lives that have outlived their usefulness. This may seem cruel, but the Tongan excuses the practice with a beautiful theory that the gods are in need of the wisdom and assistance of the venerable victim. In no savage nation is the theory of healing so closely allied to "Faith Cure," as among the Tongans, their system of doctoring being purely religious, and the recovery of the patient depending solely upon luck and imagination, two potent aids to the savage physician.—*Medicine Men and Manners.*

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#### IMPORTANT INFORMATION REGARDING GLYCOZONE.

Glycozone is a stable compound resulting from a chemical reaction which takes place when C. P. glycerine is submitted under special conditions, to the action of fifteen times its own volume of ozone, under normal atmospheric pressure of 0° C.

The presence of water, and other foreign substances, in



the glycerine, changes the nature of this reaction, so that instead of producing glycozone, we obtain formic acid, glyceric acid, and other secondary products having deleterious effects upon the animal cells.

Glycozone being hygroscopic, must be tightly corked, so as to avoid being deteriorated by the moisture contained in the atmosphere.

Although glycozone absorbs water readily, it does not deteriorate when kept at a temperature of 110 degrees F., as long as it retains its proper anhydrous condition.

The therapeutic properties of glycozone and Marchand's peroxide of hydrogen (medicinal) differ in the following particulars:

Peroxide of hydrogen (medicinal) instantly destroys the morbid elements of diseased surfaces of the skin or of the mucous membrane with which it comes in contact, leaving the tissues beneath in a healthy condition.

On the contrary, glycozone acts more slowly, but not less certain, as a stimulant to healthy granulations. Its healing action upon diseased mucous membrane is powerful and harmless in the treatment of inflammatory diseases of the stomach. In such cases it gives immediate relief to the patient.

In chronic inflammation of the intestines, a rectal injection administered every day, with a mixture composed of

R Glycozone,  $\bar{\text{z}}$  1

Lukewarm water,  $\bar{\text{z}}$  12

soon relieves obstinate conditions.

A syringe made exclusively of hard rubber or glass, should be used in all instances where either peroxide of hydrogen



(medicinal), or glycozone is used as an enema.

After any diseased or suppurating surface has been cleansed by peroxide of hydrogen (medicinal), the application of glycozone stimulates healthy action and accelerates a cure.

*General Directions for use.*—Glycozone may be given for diseases of the stomach, in doses of one or two teaspoonsful in a wineglassful of water immediately after each meal. In catarrhal diseases, it should be applied in full strength as often as required.

As an application to wounds and suppurating surfaces it should be used without dilution.

*Caution.*—Glycozone is a peculiar chemical compound, and not a mixture of peroxide of hydrogen (medicinal) with glycerine.

These two liquids when mixed do not form a stable product, but develop substances which have injurious effects upon animal life.

Such a mixture when freshly made, has no healing properties similar to glycozone. On the contrary, glycozone is stable, harmless and always effective.

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#### SULFONAL IN NEUROPATHIC CONDITIONS,

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In the recent official reports of Alienists the comprehensive powers of Sulfonal over a wide range of psychical states, was placed in clear relief. In the treatment of aliensim, sulfonal was exhibited with the general objects of inducing sleep and obtaining motox sedation, and these ends were fully secured in a very large majority of cases. The special conditions in which sulfonal was beneficially employed may



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be briefly stated, as follows: Acute, periodical and chronic mania, melancholia, melancholia agitata, dementia, senile dementia, the exhaustional and confusional forms of insanity, paranoia, and progressive paralysis. The doses administered varied from 30 to 60 grains. In two instances the authors called attention to the fact that the doses of sulfonal, for nervous conditions, should be carefully arranged in order to get the best effects obtainable from the use of the remedy.

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A PLEA FOR CLEANLINESS IN THE TREATMENT OF NASO-  
PHARYNGEAL CATARRH.

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This is the title of a paper by Dr. Edward J. Bermingham, Surgeon-in-chief to the New York Throat and Nose Infirmary, in which he lays stress upon the importance of cleansing the nasal cavities from one to three times daily after any existing stenosis has been relieved, and during the employment of topical medication by the surgeon. If the parts are not cleansed the medication does not reach the diseased mucous membrane, and treatment will be disappointing. Proper cleansing with an alkaline, antiseptic, non-irritating, and deodorizing solution will alone cure fifty per cent. of cases of simple hypertrophic catarrh and will benefit atrophic cases. The writer gives preference to a twenty-five per cent. solution of glyco-thymoline as a cleansing fluid. He condemns the old-time douche and all those where any force is used, and advises that the fluid be introduced through a small glass douche devised by him, which allows the fluid to gravitate slowly to the naso-pharynx. Here it should be kept in contact with the parts for a minute or two before the throat and nose are cleared.—*New York Medical Journal.*



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REVISING THE CODE.

We are in favor of a revision of the Code of Medical Ethics ; and we believe that much improvement could be done to that antiquated instrument by a liberal use of the blue pencil. There is just one necessary clause to the Code, and that is that the physician should in all cases conduct himself as an upright, honorable gentleman; and all else is surperfluous. The legislation for patients, over whom our laws can have no control, is usless; laying down laws by which our neighbor must regulate his conduct and belief, is distasteful to the spirit of this age and country ; and the rules that prescribe for the pretended maintenance of a professional ideal that has not been practicable since the Ptolemies, and sets a premium on dexterity in evasion, are enough to make the profession a laughing stock. By all means revise.

Still, if we must adhere to the old order of things, let us not beat about the bush. but come out openly and say just what we mean. In this spirit, let us propose a few amendments.

1. Don't advertise; not even to the extent of putting your address and office hours in the newspapers ; but nothing in this is to be construed as preventing the publication in the dailies of accounts of wonderful surgical cases, where patients are saved by the superhuman skill of the doctor, etc.

2. Stealing patients from brother chips must be done so adroitly that the plundered brother will be unable to formulate definite charges. Emulate the Spartans, and let your ambition be to steal all you can without being caught.



Many other amendments will suggest themselves to those who are familiar with the Code, and its practical application.—*Times and Register*.

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ANCIENT HINDOO VACCINATION.

At a meeting of the Epidemiological Society (*Lancet*, Feb. 29, 1892) Dr. Pringle quoted a remarkable passage from an ancient Hindoo work, which showed that true vaccination was known and practiced in India centuries before the birth of Jenner: "The small pox produced from the udder of a cow will be of the same mild nature as the original disease. \* \* \* The pock should be of a good color, filled with a clear liquid, and surrounded by a circle of red. \* \* \* There will be only slight fever of one, two or three days, but no fear need be entertained of small-pox as long as life endures." Pasteur's attenuation of virus by successive cultures has been applied in India for hundreds of years to inoculations for various lymph, which the document in question directed to be taken from "the most favorable cases," and he has seen series of such selected inoculations in which there was no general eruption, and the local phenomena was scarcely distinguishable from those of vaccination.—*Eclectic Medical Journal*.

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AGARACINE IN NIGHT SWEATS.

In the treatment of cases of pulmonary phthisis, one of the most annoying symptoms is the prevalence of night sweats. A remedy that has proven itself almost a specific for this trouble is agaracine. I have used it in two-grain





doses of the second decimal trituration, just before retiring, with very gratifying results. Have also used it in night sweats not dependent on phthisis, with almost equal success. In "Hering," under Agaricus, we have: "Sweat greasy, but not offensive, all night during sleep, often only on front of body; at night, especially about legs; cold on neck, face and chest."—E. G. Winna, M.D., in *North Am. Jour. Homœopathy*.

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#### THE TREATMENT OF SO-CALLED INGROWING TOE NAIL.

After witnessing a number of operations for this frequent and painful affection, and examining the nail, or portions thereof after removal, one cannot but think the term is a misnomer.

On first inspection you see what is apparently a deeply incurved or ingrowing nail, but if you compare it with its fellow of the opposite toe, and take into consideration the hypertrophy of the adjacent soft parts, you will at once see that it is the hypertrophy and not the nail that causes the deformity.

The disease begins at the margin of the nail as an abrasion of the skin, caused, perhaps, by pressure from a tight fitting shoe. From this focus of inflammation comes the proliferation of cells and the consequent hypertrophy until the whole side and end of the toe is involved in the inflammatory process and is exceedingly painful and tender.

With a knowledge of the value of continuous pressure in the relief of inflammation, especially when it is superficial; witnessing the effect of Martin's bandage on varicose ulcers of the leg, with their consequent induration, first led me to



think of the elastic bandage for the removal of the hypertrophied mass overlying the toe nail.

The method I have used for several years is as follows. Dust over the granulations at the bottom of the sulcus with aristol or idoform and on top of this put a small piece of lint or cotton.


Take a piece of rubber bandage  $\frac{1}{2}$  inch wide and 12 to 14 inches long and, if it is the inside of the toe that is affected, carry the bandage over the nail toward the inflamed structure. This, as you will observe, will have a tendency to carry the mass away from the nail. Beginning at the extreme end of the toe, carry the bandage back, with such pressure as the patient can comfortably stand, until the whole area of inflammation is included. Fasten it by means of a light gum band or tapes fastened to the end of the bandage.

The patient is then able to wear his shoe and attend to his ordinary duties.

The bandage can be removed at night and reapplied by the patient himself, if desirable, the first thing in the morning.

At the end of a few days you will notice a marked reduction in the size of the toe, and at the end of a short period be able to demonstrate for yourself whether an "ingrowing toe nail," is in reality, an ingrowing toe nail.

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BE HONEST, GENTLEMEN!

Would that I could proclaim with clarion voice from the highest peak of the world's loftiest mountain to physicians of every country, clime and condition the virtues of Pulsatilla as an emmenagogue. It is the best remedy known to the medical profession of to-day for every form of amenorrhœa. It will relieve more anxiety, cheer up and comfort more amensic females than any other remedy we have. Every form of amenorrhœa, dysmenorrhœa and menorrhagia is modified, soothed or cured by it. It is suitable for all ages and conditions, and will not fail to give relief, even under the most adverse circumstances.

But the reader will say this unstinted praise of pulsatilla is extravagant and absurd. I will admit that it is open to criticism, but only because my inadequate pen falls so far short of doing justice to this magnificent remedy.

Webster says: Pulsatilla is the woman's remedy in a thousand unpleasant states.

Goss says: Pulsatilla exerts a very positive influence upon the female reproductive organs, and is one of our most reliable emmenagogues.

Scudder says: I regard pulsatilla as decidedly the best emmenagogue; it may be used with confidence.

King says: One of the most valuable properties of this remedy (pulsatilla) is its reliable emmenagogue action.—Lyman Watkins, M.D., in the *Eclectic Medical Journal*.

Why not have mentioned Hahnemann, to whom the world is indebted for this great remedy.—*The Homœopathic Recorder*.

[That is right. We should give honor to whom honor is due. Ed.]




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DRINK AND POVERTY.

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Drink is not the primary cause of poverty; it is more frequently the effect. The riot and debauchery, of which the poor are so often accused, is impossible when the sum total of weekly wage is considered. The seamstress who earns her living by making gentlemen's shirts at twenty cents per dozen, may or may not be a provident person, but, in either case, she will be an exceedingly poor one. Ministers are sent amongst the people to preach temperance and thrift and cleanliness, but how can men and women, overworked and underfed, lying huddled together, like vermin, in the slums of dirty cities, being slowly poisoned by foul air, and sweated to death in factory hells, be temperate and thrifty and clean? How can they, too weary to do more than crawl up stairs, dragging one heavy, tired foot after the other, turn too and wash themselves, and cook a meal and read the books city missionaries are willing to lend them. The greater part of their waking hours are spent in drudgery and despondency, and in a mere effort to maintain life; selling their only capital of strength and skill to employers, each one of whom endeavors to undersell the others by forcing his workmen and workwomen to produce his wares in less time, and at less cost than ever before. Truly may Ruskin say of the workers: "They are a fallen race, fit for nothing but to have dividends got out of them and then be damned."—Ex.

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TO PREVENT HEMORRHAGE INTO THE MOUTH WHILE OPERATING  
ABOUT THE FACE.

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Dr. W. Keen placed the patient on a flat table with the side for operation turned a little down and cut through the skin down to the mucous membrane, but not through the latter. He then secured all the vessels before opening into the mouth. In this way he prevented blood from entering into the mouth, and also lessened the total loss of blood.

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THE WAY OF THE WORLD,

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The whole world loves the modest man,  
Whether he be great or small;  
But yields up its plunks in great big chunks,  
To the man with a surplus of gall.

The whole world loves the quiet man,  
Who's as silent all day as the owls;  
But it's needless to mention that it gives its attention  
To the fellow who gets up and howls.

The whole world loves the peaceful man,  
Who sees no occasion to bicker;  
But the full right of way, you'll permit me to say,  
It gives to the strenuous kicker.

*The Star.*

The proprietors of Salo-sedatus do not ask anybody to take for granted what they and others say and write about it; but they do earnestly request all physicians to *try it for themselves*. Free samples, in powder and tablets, sent to all physicians who write and ask for them. See advertisement,



## BOOK NOTES.

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PSYCHOPATHIA SEXUALIS, with Especial Reference to Contrary Sexual Instinct. A Medico-Legal Study. By Dr. R. VON KRAFT-EBING, Professor of Psychiatry and Neurology, University of Vienna. Authorized translation of the seventh, enlarged and revised, German edition, by CHARLES GILBERT CHADDCK, M.D., Professor of Nervous and Mental Diseases, Marion-Sims College of Medicine, St. Louis; Fellow of the Chicago Academy of Medicine; Corresponding Member of the Detroit Academy of Medicine; Associate Member of the American Medico-Psychological Association, etc. In one Royal Octavo volume, 436 pages, Extra Cloth, \$3.00 net; Sheep, \$4.00 net. Sold only by Subscription. Philadelphia: The F. A. Davis Company, Publishers, 1914 and 1916 Cherry Street.

This work is just what its title implies—an exhaustive treatise of the psychology and physiology of the sexual system. The abnormalities it treats of are to any but the medico-legal student too revolting to read, and is past belief that the human is sufficiently weak for their existence. The author's purpose is to describe the pathological manifestations of sexual life, and ably refers them to their underlying conditions, and addresses his work to earnest investigators of natural science and jurisprudence. Its title keeps it from the hands of unqualified readers as does the language used, he, where possible, expressing himself in terminis technicis and using Latin in the most revolting portions which remain untranslated.



SEXUAL WEAKNESS AND IMPOTENCE, by EDWARD  
MARTIN, M.D.

This is another little work of the *Physician's Leisure Library* that is well worth the price and perusal, as it very ably treats of these conditions both in the male and female.

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ELECTRO THERAPEUTICS OF NEURASTHENIA, by  
W. F. ROBINSON, M.D.

We have received a copy of this little work, and the author has very ably treated two quite important questions, viz., the power and applications of electricity, and secondly, that of nervous disorders. We recommend its perusal to every practitioner.

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LESSONS IN PHYSICAL DIAGNOSIS, by ALFRED L.  
LOOMIS, M.D., LL.D.

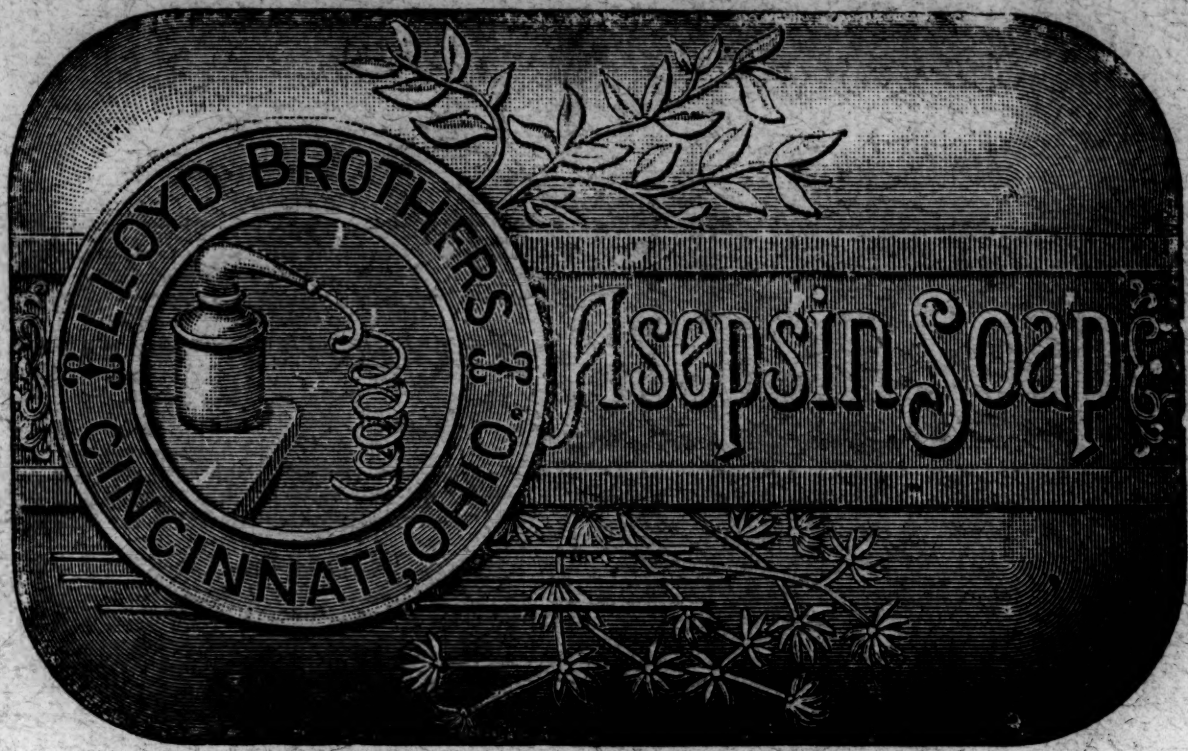
The author of this work has such a world-wide reputation that his name alone is a sufficient guarantee of its merit. It is also the 10th edition, revised, rewritten and is fully up to date, which makes it a work of great value to the student and practitioner, being a complete guide to physical diagnosis, and very ably treats of the physiological action of the heart. Also has a lesson on the examination of the urine, and a lesson on clinical microscopy.

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# ASEPSIN SOAP



## MEDICINAL USES OF ASEPSIN SOAP.

**FOR THE SKIN.**—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

**CUTANEOUS DISEASES.**—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosace, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhins poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

**IN SURGERY.**—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

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**CONTAGIOUS DISEASES.**—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried, with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

*Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease.* I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my sufferer was of a kind not to be forgotten.

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